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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number Of Pages In This Submission

Application Number

09/867,845

Filing Date

29 May 2001

First Named Inventor

Chaitan Khosla

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FEB 11 2002

Group Art Unit

1633

Examiner Name

To be assigned

TECH CENTER 1600

Attorney Docket No.

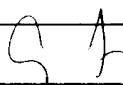
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ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (orig. + dup.) | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) (pages) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply (pages) | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Correct Inventorship | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declarations | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request (1 page) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ol style="list-style-type: none"> 1. Combined Declaration and Power of Attorney for Utility Patent Application (3 pages); 2. Return Postcard |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement (4 pages) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

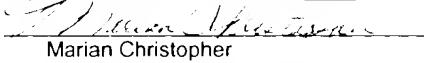
Remarks

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Carolyn Favorito Registration No. 39,183
Signature	
Date	December 20, 2001

CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on December 20, 2001.


Marian Christopher

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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Fee Transmittal For FY 2001

FEB 04 2002

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

(\$120.00)

Complete if Known	
Application Number	09/867,845
Filing Date	29 May 2001
First Named Inventor	Chaitan Khosla
Examiner Name	To be assigned
Group Art Unit	1633
Attorney Docket No	300622005500

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TECH CENTER 1600 290C

METHOD OF PAYMENT

- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit Account Number 03-1952

Deposit Account Name Morrison & Foerster LLP

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status See 37 CFR 1.272. Payment Enclosed: Check Credit Card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	\$65
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	\$55
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions of the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per properties (times number of properties)	
103	18	103	9	Filing a submission after final rejection (37 CFR § 1.129(a))	
102	80	102	40	For each additional invention to be examined (37 CFR § 1.129(b))	
104	270	204	135	Request for Continued Examination (RCE)	
109	80	209	40	Request for expedited examination of a design application	
110	18	210	9	SUBTOTAL (2) (\$)	
Other fee (specify) _____					

2. EXTRA CLAIM FEES

Total Claims	- 20 -	Extra Claims	Fee from below	Fee Paid
Independent Claims	- 3 -	0	x	x
Multiple Dependent			=	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	103	9	Claims in excess of 20
102	80	102	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claims, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)				

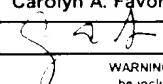
** or number previously paid, if greater; For reissues, see above.

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$120.00)

SUBMITTED BY

Complete if applicable

Name (Print/Type)	Carolyn A. Favorito	Registration No. (Attorney/Agent)	39,183	Telephone	(858) 720-5195
Signature				Date	December 24, 2001

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